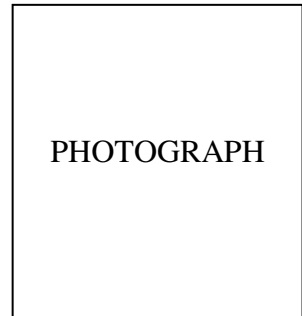




# INSTITUTE OF MANAGEMENT STUDIES, DEHRADUN

## APPLICATION FORM (Teaching Staff)



**Note:**

1. Please type, or fill in using BLOCK letters.
2. Please answer all questions completely.
3. If necessary, please attach an additional sheet in order to add any additional information that may be relevant.
4. You may attach your 'Resume' to this form.
5. Please attach attested copies of Certificates and Testimonials.
6. Original documents should be presented when called for interview.

**PERSONAL DETAILS:**

Position applied for:									
Title (Dr. /Mr./Mrs./Ms.):									
First Name:									
Last Name:									
Date of Birth (DD/MM/YY):				/			/		
Marital Status :									
No. of Children:									
Height:		Weight							
Permanent Address:									
City:									
State:									
Pin Code:									
Present Address:									
City:									
State:									
Pin Code:									
Kindly specify address for correspondence:		<b>Permanent / Present</b> (Please tick)							
Contact Phone Numbers:		Home Phone:							
		Work Phone:							
		Mobile:							
		Fax:							
Email ID:									

**FAMILY DATA:**

Relation	Name	Age	Education	Occupation
Father				
Mother				
Husband / Wife				
Child 1				
Child 2				

**I. ACADEMIC QUALIFICATION (CLASS X<sup>TH</sup> ONWARDS)**

S.NO	Name of Course/ Diploma/ Degree	Name Of Institute/ College	Name Of University	Year Of Passing	Full Time/ Part Time / Correspond ence	Specialization / Subjects	Div.	% Or Cqpi
Class X								
Class XII								
Grad.								
Post. Grad.								
Ph. D.								

**II. PROFESSIONAL QUALIFICATION**

S.NO	Name of Course/ Diploma/ Degree	Name Of Institute/ College	Name Of University	Year Of Passing	Full Time/ Part Time / Correspond ence	Specialization / Subjects	Div.	% Or Cqpi
1								
2								
3								
4								
5								

**III. PROFESSIONAL TRAINING (CERTIFICATE/DIPLOMA/DEGREE PROGRAMS)**

S.NO	NATURE OF TRAINING	DURATION	PERIOD	TRAINING ORGANIZATION	SUBJECT/ AREA OF TRAINING
1					
2					
3					
4					
5					

**IV. UGC-CSIR NET CLEARED**

YEAR \_\_\_\_\_

**V. GATE SCORE:  PERCENTILE  
(IF APPLICABLE)**

**VI. RESEARCH / PUBLICATION WORK:**

**(Please give the details of your Research papers/ Articles / Books Published)**

S. No.	Title of Research Paper	Title of Journal	Published by	Volume & Month
1.				
2.				
3.				
4.				
5.				

**VII. PARTICIPATION IN SEMINARS / CONFERENCES**

S. No.	Event	Dates	Venue	Title of papers if presented
1				
2				
3				
4				
5				

**VIII. LANGUAGE PROFICIENCY**

**(Please indicate languages and level of proficiency – excellent, good, and average or below average)**

Language	Writing	Reading	Speaking

**IX. COMPUTER PROFICIENCY**

MS-OFFICE	Yes / No
SPREADSHEET	Yes / No
FILE MANAGEMENT	Yes / No

WORD PROCESSING	Yes / No
POWERPOINT	Yes / No
ADDITIONAL INFORMATION	

**X. ACADEMIC EXPERIENCE (IN REVERSE CHRONOLOGICAL ORDER)**

Name of the Organization & its Location [City]	Designation	Period		Specialization / Functional Area	Last Salary Drawn						
		From	To		Basic	DA	HRA	CCA	Other Allowances	Total	

**XI. SUBJECTS TAUGHT**

1. SUBJECTS TAUGHT AT UG LEVEL (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(c) \_\_\_\_\_ (d) \_\_\_\_\_
2. SUBJECTS TAUGHT AT PG LEVEL (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(c) \_\_\_\_\_ (d) \_\_\_\_\_

**XII. INDUSTRY EXPERIENCE (REVERSE CHRONOLOGICAL ORDER)**

Name of the Organization & its Location [City]	Designation	Period		Specialization / Functional Area	Last Salary Drawn						
		From	To		Basic	DA	HRA	CCA	Other Allowances	Total	

**XIII. EXTRA CURRICULAR ACTIVITIES / INTERESTS/ HOBBIES**

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**XIV. GAMES & SPORTS (participation, training, coached/supervised and at what level. Any prizes won):**

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**XV. WHY DO YOU WANT A CHANGE IN JOB?**

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**XVI. HOW MUCH NOTICE PERIOD WOULD YOU NEED TO JOIN, IF SELECTED?**

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**XVII. EXPECTED SALARY: \_\_\_\_\_**

<b>XVIII</b>	Have you ever applied or been interviewed for a job at IMS? (Please tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If Yes, please give details:		
	Do you have any acquaintances or relatives associated with IMS? (Please Tick )	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If Yes, please give details:		

**XIX. REFERENCES:**

Please give details of at least two referees.

Referee's Name	Referee's Position & Organization	Relationship to Applicant	Referee's Email ID and Phone no.	How long you have known the referee?

I hereby certify that all the information given above is true. I understand that, if appointed, any incorrect information given by me will make me liable to immediate dismissal without prior notice whatsoever. If appointed, I agree to abide by the Rules & Regulations of the Institute.

Date:

Place:

\_\_\_\_\_ Signature